

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Michael Lewis,

Plaintiff,

Write the full name of each plaintiff.

25 No **CV 3632**
(To be filled out by Clerk's Office)

-against-

Dr. Robert Bentivegna; Bobbi Tuohy; Nurse

Felix; Nurse "H"; Nurse Alexandra; &

Nurse Debbyo,

Defendants.

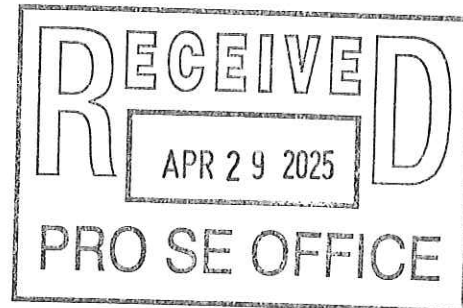
Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "*Bivens*" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Michael

Lewis

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

DIN #99-A-6144

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Green Haven Correctional Facility -

Current Place of Detention

594 Route 216

Institutional Address

Stormville,

New York

12582-4000

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<u>Robert Bentivegna</u> First Name Last Name Shield # <u>(former) Facility Health Services Director (FHSD)</u> Current Job Title (or other identifying information) <u>Unknown</u> Current Work Address <u>Unknown</u> County, City State Zip Code
Defendant 2:	<u>Bobbi Tuohy</u> First Name Last Name Shield # <u>Superintendent of Medical Department for Green Haven C.F.</u> Current Job Title (or other identifying information) <u>Green Haven Correctional Facility - 594 Route 216</u> Current Work Address <u>Stormville, New York 12582</u> County, City State Zip Code
Defendant 3:	<u>Nurse Felix</u> First Name Last Name Shield # <u>Nurse in G.H.C.F.'s Medical Department</u> Current Job Title (or other identifying information) <u>Green Haven Correctional Facility - 594 Route 216</u> Current Work Address <u>Stormville, N.Y. 12582</u> County, City State Zip Code
Defendant 4:	<u>Nurse Alexandra</u> First Name Last Name Shield # <u>Nurse in G.H.C.F.'s Medical Department</u> Current Job Title (or other identifying information) <u>Green Haven Correctional Facility - 594 Route 216</u> Current Work Address <u>Stormville, N.Y. 12582</u> County, City State Zip Code

* CONTINUED OPPOSITE SIDE OF THIS PAGE *

V. STATEMENT OF CLAIM

Place(s) of occurrence: GHCF's Medical Department/Clinic, Second Floor.

Date(s) of occurrence: 11/4/21, 11/5/21, 12/10/21 (allegedly), 10/27/21, 10/29/21, 10/31/21, November 3rd - November 7th, 2022, etc.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Plaintiff suffers, and suffered from medical malpractice and medical negligence due to each of the above-named Defendants, while in their care, custody, and control which resulted in extremely painful and on-going physical complications, due to personal injury to the groin area and private parts. It was affirmed that each of the named nurses failed to have either the know-how and/or proper training to perform the removal and/or insertion of catheter medical device, as their supervisors were/are well aware of, yet they facilitated their subordinates in this capacity, making way for the disaster that occurred on 11/5/2021. Mr. Lewis suffered severe and excruciating, traumatic insertion of the medical device which caused internal and external bleeding, profusely, pain, swelling, and other things that resulted from the lack of experience and/or training of each Defendant. To date, Plaintiff has not fully recovered and still experiences major issues with his bladder, penis, and other groin concerns that haven't healed nor been properly treated. Plaintiff has suffered urinary issues, swelling of his testicles, infections, refusal of medication and/or premature medication stoppages, (See, Exhibit "A", affixed hereto: Handwritten version of events). (See, Exhibit "B", Institutional grievance #GH-1130-21, completed). CORC determination was received by Mr. Lewis on or around 6/30/2022, which marks his exhausted remedy clause to now file this timely action.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

The full extent of Plaintiff's injuries include: Profusous bleeding from the groin area/penis, gushing; severe abdominal pains causing vomiting; infections; internal damage to penis; rushed to Putnam Hospital for emergency procedure (Cystocopy) a very painful experience; swollen testicles; lower abdomen pains; condition deteriorations; tearing; permanent issues concerning the dreadful removal of catheter, etc.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Plaintiff is seeking punitive damages, jointly and severally against each named Defendant of \$3,500,000.00; compensatory damages in the amount of \$1,500,000.00, jointly and severally, against each named Defendant; injunctive relief indicating that all hired medical staff are duly qualified and has received full training for the purposes they are hired, with documented proof thereof;

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

April 22nd, 2025.

Dated



Plaintiff's Signature

Michael

First Name

Middle Initial

Lewis

Last Name

Green Haven Correctional Facility - 594 Route 216

Prison Address

Stormville,

County, City

New York

State

12582-4000

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: April 22nd, 2025.

Exhibit A

New Developments

I was taken off The Flomax antibiotic, which was to help avoiding infection.

On Oct. ~~30~~³¹, I went to Emergency Sick call, due to Swollen, pain and urinary issues relating to the Super. The Nurse was concerned, why I would they stop my Flomax Medication? Since it was Sunday the Pharmacy was closed but on Monday Oct 31 I went to see my provider he reinstated Flomax and other Medication that would treat these Major issues.

I Went to Mt. Vernon Nov. 3, 2022 - Nov. 7, 2022
due to another swelling of my testicles. I had an Infection which caused me to be admitted. I'm now back on Flomax and other Medication for the swelling.

How did this happen

I started to feel some pain and discomfort in my testicle around October 24. I found out that am urinating too often, then urine had a very unusual smell.

On October 27, I report to Sick Call where I saw Dr. Akhter who happened to be my Provider. Mr. Akhter ordered lab and gave me fentanyl for the pain and state I would see him the following week.

I got no relief of the pain and swelling which was increasing very rapidly. I went to Emergency Sick Call on Saturday Oct. 29, the Nurse at the Medical Unit checked my pressure, gave me more fentanyl for the pain, she also look on my testicle to see the swelling. She indicated that there was no Medical Provider present and she could do nothing but to return to my housing unit and rest - because on Monday October 31, I was scheduled to see Mr. Akhter.

On Monday Oct 31 I got to the Medical unit and Mr. Akhter examined me and brought me to the lab for blood work. He also gave me Amoxicillin Clavulanate 875 mg and a permit to be excused from my program for three days, (11/1 - 11/3).

On 11/3 Mr. Artus the "A" Officer in D block

insist that I go to my program, I told him about my condition and how it had ~~been~~ swollen and painful I could hardly walk. He said, I should go to Sick Call at that point I observed the Superintendent Mr. Miller speaking to an Offender, I waited and explain my situation to him, he took note of my problem and Officer Artuz gave me the pass to Medical Unit.

At this time I was seen by ~~AA~~ Dr. Kim who examined me and he sent me immediately to Mt. Vernon hospital. At the hospital several test were done, I was admitted there from NW 3 - NW 7. I was seen by Medical personnel and Dr. Jannis the Urologist. I was given as part of my treatment Tamsulosin 0.4 mg and Cefuroxime 500 mg that am still taking. The pain is not as constant and the swelling is still an issue though it is reducing slowly. I was given one week from my program and on 11/14 my permission from program ends and I must return to my program effectively.

Very important to note is that all the doctors and nurses including Mr. Jannis the Urologist stated that "I should never be taken off the Medication Flomax since my last surgery in Oct. 2021. This is one of the Major issue that is causing these problems."

Exhibit B

NEW YORK STATE DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION
GRIEVANCE COMPLAINT

Grievance No.

GREEN HAVEN CORRECTIONAL FACILITY

Date 11/15/2021

Name Michael Lewis Din. No. 99A6144 Housing Unit D-5-13
Program Admin Porter AM ✓ PM ✓

(Please Print or Type - This form must be filled within 21 calendar days of Grievance Incident)*

Description of Problem: (Please make as brief as possible) _____

see attached

Grievant
Signature

Michael Lewis

Grievance Clerk _____

Date: _____

Advisor Requested

☐

Yes

☐

No

Who: _____

Action requested by inmate:

see attached

This Grievance has been formally resolved as follows:

This Informal Resolution is accepted:

(To be completed only if resolved prior to hearing)

Grievant
signature _____

Date: _____

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee (IGRC).

*An exception to the time limit may be requested under Directive #4040, section 701.6(g).

Michael Lewis, 99A61144 D-5-13
I.G.R.C

November 7, 2021
Medical Care,

On October 29, 2021 I was sent out of the facility to St John's hospital in Yonkers for a Prostate Cancer procedure done by Dr. Jannis. A Catheter was put in place from my penis to my bladder and to remain there until Nov. 4, 2021. With the doctor's recommendation, I can be discharged from the Medical unit if Catheter is safely removed and I urinate by myself regular!

On the 4th Nov. 2021, a nurse by the name Ms. H (Hospital unit) did her rounds to deliver Medication then brought me into the room and safely removed the Catheter. Half hour later I urinated just a bit then urine began to drip and suddenly stops, then I called the Nurse, another Nurse responded Ms. Felix ^(Rose Alejandro) (afternoon) and after examining the area she decided to replace the Catheter. Another Nurse came in my room (# N4) to assist her Ms. Debby O (Medication Run) and Catheter was in, suddenly blood was gushing through the tube instead of urine. I called the Nurse out of concern, she stated, "drink water, it will turn into urine!" I continuously drank water

and nothing changes but blood flowing in the tube. By this time I begin having very severe pain in my abdomen, urine backed up into my bladder, I began to vomit extensively and the nurse came in gave me some pain tablets and again told me to drink water. I remained in this position until approx 10:30 on Thursday night, Nov. 4, 2021 when the nurse again Ms. ^(Rose Alexander) Felet brought me into the examination room to speak with a doctor via Skype and the nurse follows his recommendation to redo the Catheter, at that time however, the pain subsided but because the Catheter was not put in place properly, the bleeding continued but by then the doctor had left.

Throughout the night the pain was unbearable, too much urine built up. In the morning, Friday Nov. 5, 2021, I was seen by "Kady" who was alarmed at my condition and rush to the phone then she got the ^{Ambulance} ~~Ambulance~~ that came and I was rushed out to the Putnam hospital.

Arriving at Putnam hospital, the nurse was very surprised at my condition and said, "wow!" then carefully examining, she asked, "who placed the Catheter in?" I said, the nurse at G.H., she said, it was not placed in correctly and this could be fatal if I had not brought to the hospital in time. I got the situation fixed at the hospital over.

and by 8:40 in the evening (Friday 5, 2021) I was transported back to the facility from Putnam hospital now must remain in Medical unit for another two weeks before release and recovery.


Action Required: Nurses must be trained in specific area to treat and deal with specific needs. They must be Nurses and not Nurses assistant. To remove Catheter, A doctor must be present and a qualified doctor must reinsert Catheter if needed. A doctor must be made available to attend to patient in the Medical Unit, etc.

CC:

Superintendent, M. Miller

Attorney

File

 Corrections and Community Supervision INMATE GRIEVANCE PROGRAM SUPERINTENDENT	GRIEVANCE NO. GH-1130-21		DATE FILED 11/18/21
	FACILITY Green Haven Correctional Facility		POLICY DESIGNATION I
	TITLE OF GRIEVANCE Specific Training for Nurses		CLASS CODE 22
	SUPERINTENDENT'S SIGNATURE <i>[Signature]</i>		DATE 12/21/21
GRIEVANT Lewis, M.		DIN 99A6144	HOUSING UNIT D5-13

The grievant complains of complications due to the insertion of a medical device. The grievant seeks additional training for nurses and to have a doctor available for such procedures.

The complaint was investigated by the Facility Health Director, FHSD (Dr. R.B.), who reviewed all pertinent documentation. Dr. (R.B.) did affirm that the grievant apparently suffered traumatic insertion of a medical device and that the Nurse Administrator will arrange for an educational program relating to these devices. The Nurse Educator completed training with the nursing staff on 12/10/21. The other requested action is denied.

** Grievance is affirmed in part.

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal. * Please state why you are appealing this decision to C.O.R.C.

I appeal to the CORC due to the trauma suffered, and the mal-practice and negligence that was the cause of my very painful injuries, which resulted into infection(s) and a host of other discomforts and severe pain. The Nurse Administrator, Nurse Educator, and those nurses directly responsible for my traumatic injuries should have been trained prior to me being forced to endure such torture(s) by their hands. Since my other actions requested were denied, I now seek punitive compensation, etc. for my injuries.

[Signature]
GRIEVANT'S SIGNATURE

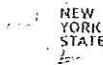
12-24-21.

DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

LEWIS 99A6144

 NEW YORK STATE Corrections and Community Supervision KATHY HOCHUL Governor ANTHONY J. ANNUCCI Acting Commissioner	Grievance Number GH-1130-21	Desig /Code I/22	Date Filed 11/18/21
	Associated Cases		Hearing Date 04/07/22
	Facility Green Haven Correctional Facility		
INCARCERATED GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE		Title of Grievance Specific Training For Nurses	

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon a full hearing of the facts and circumstances presented in the instant case, and upon recommendation of the Division of Health Services, the action requested herein is accepted in part.

CORC notes that the grievant's complaint has been reviewed by the Division of Health Services' staff, who advise that a complete investigation was conducted. It is noted that the grievant was seen by the Urologist on 10/29/21 and had a urinary catheter inserted, however, the catheter was subsequently removed and a new one was incorrectly inserted. The grievant was transported to the outside hospital on 11/5/21 for complications arising from the insertion. CORC asserts that appropriate administrative action has been taken to remind nursing staff of the proper procedures for inserting catheters. In addition, the grievant was seen by the Urologist on 11/12/21 to have the catheter removed and again on 12/10/21 for follow-up.

CORC asserts that the Facility Health Services Director is responsible for all aspects of incarcerated individual care, in accordance with HSPM #6.01, and upholds the discretion of the facility administration in the assignment of staff.

With respect to the grievant's appeal, CORC finds no malice by staff and asserts that monetary damages are not an available remedy through the grievance mechanism. CORC advises the grievant to address further medical concerns via sick call for the most expeditious means of resolution.

CMV/ras

GREEN HAVEN
CORRECTIONAL FACILITY

FIRST-CLASS MAIL
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RECEIVED
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USM_{4P}
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Chief Clerk of the Court
United States District Court
Southern District of New York
U.S. Courthouse
500 Pearl Street
New York, New York 10007-1312

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